



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

EXECUTIVE COMMITTEE MEETING MINUTES

May 23, 2016

Approved
06/27/2016

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Brad Land, <i>Co-Chair</i>	Grissel Granados, MSW	Jason Brown	Cheryl Barrit, MPIA
Ricky Rosales, <i>Co-Chair</i>	Juan Rivera	Edd Cockrell	Carolyn Echols-Watson, MPA
Al Ballesteros, MBA	Terrell Winder	Moroni Cortez	Dawn McClendon
Joseph Cadden, MD		Miki Jackson	Jane Nachazel
Kevin Donnelly		Katja Nelson	Doris Reed
Michelle Enfield		Michael Pitkin	James Stewart
Aaron Fox, MPM		Sabel Samone-Loreca	
Anthony Mills, MD			
Mario Pérez, MPH			DHSP STAFF
Kevin Stalter			Mario Perez
Will Watts, Esq.			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 5/23/2016
- 2) **Minutes:** Executive Committee Minutes, 4/25/2016
- 3) **Policy:** Executive Office of the Board of Supervisors Policy Manual: Employee Code of Conduct, 9/11/2015
- 4) **Spreadsheets:** Ryan White Part A, Part B and MAI Year 25 Expenditures by Service Categories and Other Fiscal Year 15/16 Funding Expenditures, 5/23/2016
- 5) **PowerPoint:** 2016 Listening Sessions Highlights, 5/23/2016
- 6) **Application:** Derek Murray, 5/23/2016
- 7) **Application:** Pat Crosby, 5/23/2016
- 8) **Application:** Edd Cockrell, 5/23/2016
- 9) **Application:** Jason Brown, 5/23/2016
- 10) **Application:** Sterling Walker, 5/23/2016
- 11) **Application:** Moroni Cortez, 5/23/2016
- 12) **Application:** Thomas Puckett, Jr., 5/23/2016
- 13) **Policy/Procedure:** #09.4205: Commission Membership Evaluation and Nomination Process, 5/23/2016
- 14) **Form:** Commission Membership Application, 5/23/2016
- 15) **Letter:** Los Angeles Homeless Services Authority, Homeless Count 2016: Estimates of Homeless Persons Living with HIV/AIDS, 5/19/2016

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:03 pm.
2. **APPROVAL OF AGENDA:**
MOTION 1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION 2: Approve the 4/25/2016 Executive Committee meeting minutes, as presented (*Passed by Consensus*).

4. PUBLIC COMMENT (*Non-Agendized or Follow-Up*):

- Mr. Pitkin said living in Los Angeles has helped him better understand the need for non-HIV-specific supportive services.
- Mr. Cockrell congratulated the Division of HIV and STD Programs (DHSP) on an amazing job promoting Get PrEP LA at Long Beach Pride the past weekend. Interaction with the community was excellent. He also congratulated the service providers. Many people participated at testing tents and several were diagnosed. He looked forward to LA Pride in two weeks.
- Ms. Jackson, AIDS Healthcare Foundation (AHF), had not attended recently, but had listened to meeting tapes. She noted AHF has been the subject of a great deal of discussion over time of a strident nature. Discussion does not significantly impact AHF because it is in more than 37 countries serving over 300,000 active patients. Approximately 1% of its patients are in the County. While that is comparatively small, contentious discussion is not good for its patients or the community.
- She said singling out any agency was inappropriate. A similar situation arose with another agency in the past, however, and it was provided nearly an hour to respond at the Commission. AHF asked for 15 minutes and was refused, but Ms. Jackson was reiterating the request. She said others in the community also felt the discourse shameful, but were afraid to say so.
- Mr. Fox called a point of order on length of the remarks. Mr. Land replied the meeting was approximately one minute past Public Comment time. Mr. Fox felt others should have equal time, but Mr. Stewart noted no Committee rules on the topic.
- Mr. Fox also called a point of order on the nature of the comments which he found disrespectful.
- ➡ The Commission Co-Chairs will address Ms. Jackson's request after the meeting.
- ➡ Develop a policy on Public Comment at Committee meetings.

- 5. COMMITTEE COMMENT (*Non-Agendized or Follow-Up*):** Mr. Fox noted various stories and boycotts circulating in the community pertaining to LA Pride. The Los Angeles LGBT Center and other groups have discussed concerns with Christopher Street West. Many changes that concerned people would return to the way they were including the admission price.

6. DIVISION OF HIV and STD PROGRAMS (DHSP) REPORT:

- Mr. Pérez said DHSP was working with advocate partners especially on concerns about the State's handling of the pharmacy benefit management system and ADAP. He received word that morning about some pharmacy shifts that will create patient disruption. Training time was also clearly insufficient. He was engaging Dr. Karen Mark, Chief, OA, on other issues as well.
- DHSP continues internal progress on the plan to end AIDS and will provide an update with timeline at the next Commission. Maria Orozco was working fulltime to develop the plan with Kyle Baker facilitating coordination with Mr. Pérez on the six core plan pieces. Ms. Orozco meets with pertinent staff to flesh out one or another piece, e.g., an HIV testing model to identify how many tests are needed, at what positivity rate, by what systems of care, over what time period, at what cost.
- Dr. Mills attended the December 2015 National HIV Prevention Conference in Atlanta. Plans can be approached many ways, but he said the New York, San Francisco and Seattle plans all stressed community collaboration. He did not hear that here.
- Mr. Pérez agreed. DHSP scanned all 45 jurisdictional efforts across the country and learned a great deal. He did not feel 70 County jurisdictional listening sessions were needed. DHSP wanted a plan that can be operationalized with clear decisions about investment and resource sharing. Many jurisdictions committed a set amount or even no new resources to a plan and were making little to no progress. He does not want to make a bold statement that does not drive results.
- DHSP will offer a serious blueprint for ending AIDS based on extensive research. Mr. Pérez wants to dramatically accelerate the effort by presenting a starting point for community partners to discuss. The plan will take into account the County's complexity, issues around financing, the role of Medicaid, complexities tied to subpopulations and lessons learned
- Every jurisdiction, e.g., includes biomedical interventions as a critical strategy. He felt multiple meetings to gain community support were not needed. The DHSP plan will estimate the needed scale for the County, likely 60,000 clients, to reach key populations, e.g., gay men, those in serodiscordant relationships and men testing positive for syphilis or rectal gonorrhea.
- Community input and reaction is part of the process. A group of approximately 20 people will be invited to provide clear, concrete feedback on a first draft. DHSP will refine the plan based on their input. The revised iteration will be released for an open community conversation and feedback to inform the final plan. DHSP staff are also attending and noting input from other meetings, e.g., meetings at Charles Drew University of Medicine and Science and that convened here by OA.
- Mr. Fox appreciated Dr. Mills' concern but felt, as collective impact proposes, a backbone organization should offer a starting point. The Commission itself faced planning challenges the past two years. Other models do not address County size and diversity. Major pillars, consistent with National HIV/AIDS Strategy (NHAS), will provide that starting point.
- Mr. Pérez added DHSP was asked to lead on this massive exercise and has worked to develop a plan all will take pride in despite resource limitations. A specific community input process was not directed, but DHSP wants the entire County to embrace a commitment to help implement the plan with accountability. Key providers are crucial, but so are the Federally

Executive Committee Meeting Minutes

May 23, 2016

Page 3 of 7

Qualified Health Center (FQHC) network, the Medicaid/Medicare system, private and public health plans, the Department of Health Services (DHS), and elected and nonelected officials. He will provide an in-depth progress report next month.

- The PrEP-related social marketing campaign continues to be well received especially by target populations: gay men of color and transgender persons. Long Beach Pride went well and benefited by lessons learned at DragCon. Long Beach lessons will benefit Los Angeles Pride. DHSP partners with the PEP/PrEP Work Group, community stakeholders and advocates.
 - Internal County conversations continue on the Medical Care Coordination (MCC) roll-out. MCC data released last week by demographic viewpoints reflects a significant MCC impact particularly on increasing viral suppression rates over 12 months.
 - Dr. Mills asked about Commission support for expanding MCC. Ms. Barrit reported meeting individually with each Health Deputy regarding Commission motions on sole sourcing as a tool to expedite MCC expansion as well as the LACHAC housing letter. Several Supervisors expressed interest in moving MCC as a motion and she had conversations with offices on 5/20/2016 to reiterate the urgency. She will continue to provide any additional data or information they might need.
 - Mr. Ballesteros said he also called Supervisor Hilda Solis' office. PP&A Co-Chairs are ready to help in any way. Dr. Mills said Mr. Sarkis, Supervisor Solis' Health Deputy, suggested DHSP or the Commission might present to the Health Deputies.
 - DHSP negotiated a meeting with its City of Los Angeles Housing + Community Investment Department (HCIDLA) partners including Rebecca Ronquillo, who oversees HOPWA, and her supervisor, Abigail Marquez. Attendees included Messrs. Land and Rosales, Ms. Barrit and Bridget Tweddell, Chair, Los Angeles Countywide HOPWA Advisory Committee (LACHAC).
 - Context was provided including a summary of items that had been under discussion with Suzette Flynn. Commitment was reiterated as a RWP resource investment group on the multi-year plan to increase local housing investment.
 - Mr. Pérez noted HCIDLA leadership changes were underway with most of their representatives in their roles for three months or less. That needs to be recognized, but an aggressive 60- to 90-day goal was identified for the Commission, DHSP, LACHAC and HCIDLA to outline a two- to three-year housing investment strategy. He was encouraged by progress.
 - Ms. Barrit confirmed that Ms. Ronquillo will be submitting her application for the Commission's HOPWA seat.
 - Mr. Pérez complimented DHSP staff for their work resulting in a score of 100 on the last Ryan White Program (RWP) application. It is just the second perfect score in RWP history. Riverside County received a perfect score some six years ago for an application written by Claire Husted, consultant. DHSP was congratulated for the accomplishment.
 - The Year (YR) 26 award has been received and reflects an approximately \$900,000 increase for a total \$42,614,428 million. It is the largest award the County has ever received and includes increases to the formula, supplemental and Minority AIDS Initiative (MAI) portions. The MAI award was over \$3 million.
- ➡ DHSP will provide a potential outline and framework for the plan to end AIDS.

7. EXECUTIVE DIRECTOR'S REPORT:

- ➡ Staff will remind Commission members of the possibility of an all-day June Commission meeting.

A. Leadership Training:

- Ms. Barrit reported Ms. McClendon emailed all Commission members on 5/13/2016 reminding them to fill out the form to begin mandated County online trainings. Appointed Commission members are treated as County employees.
- As an example, the County's Employee Code of Conduct applies to all staff. She noted the specific, rigorous and strict language on behavior, conduct and profanity which pertains to the Commission's discussions on appropriate use of Commission roles. There will also be training on confidentiality and use of positions not to advance personal interests.
- Commission members should advise staff if they have questions after the County training. Staff will provide follow-up training to help solidify the training as part of the overall professional development of Commission members.
- Extra sign-up forms were available from Ms. McClendon. Once registered, Commission Services will send Commission members an email with information on how to sign in for and complete the training.
- The 700 Form is a separate conflict of interest form required at appointment, retirement and annually.

- B. Ryan White Program Grant Award (PY 26):** Ms. Barrit said the County's perfect score of 100 on its RWP application is an accomplishment that speaks to the work the County and community have done in addressing HIV.

8. CO-CHAIRS' REPORT:

A. Meeting Management:

- Mr. Land noted this standing item was to prompt discussion on concerns or innovations to improve the meeting.
- Mr. Cockrell felt greater use of the consent calendar would be helpful. He was initially concerned about changes voted for Public Comment, but felt they have worked well by ensuring the community hears reports prior to commenting.

- His only remaining concern was Commission follow-up questions. Mr. Stewart said he starts timing the three minutes when a Commission member begins talking. The timer is stopped for questions/answers. He suggested considering if the rules should apply to presentations, e.g., the State Office of AIDS (OA) often prompts extended questions/answers.
- Mr. Stewart started timing each section at the last Commission meeting to inform adjusting agenda item times. Actual time limits for agenda items may be considered after several months of input.
- Dr. Mills noted discussion about one Commission member's extensive interaction with OA during its report which is not always pertinent to the full Commission. Mr. Stalter replied he would raise two key topics and discuss the rest with OA separately. He was on two OA advisory calls, but OA often reports inaccurately. For example, OA told the Commission a management memo would be released mid-month, but the committee that reviews such memos had not seen it.
- He was pressing the issue because OA was switching from one to three ADAP vendors while changing what OA versus vendors do. He felt preparations were inadequate for the massive change which can present barriers for consumers.
- Mr. Ballesteros was concerned about Commission member meeting attendance. Some just attend periodically. Mr. Stalter noted Operations has addressed that in the revised Policy/Procedure. Attendance tracking was done by previous staff Nicole Werner so a new process was being initiated. Attendance will be considered in appointments.
- Mr. Stewart suggested reconfiguring the seating U so no members have to leave their seats during presentations.
- Several also suggested adding another podium, e.g., on the other side to facilitate Public Comment.
- Dr. Mills appreciated the colloquia, but felt the following discussion tends to be redundant and excessive.
- ➡ Ms. Barrit and the Co-Chairs will review the table arrangement for Commission meetings.

9. INTEGRATION ADVISORY BOARD (IAB) REPORT:

- Mr. Ballesteros felt plan to end AIDS discussion was timely. The Health Agency seeks to improve care by integrating services across DHS, the Department of Mental Health (DMH) and the Department of Public Health (DPH). The IAB is charged with assessing and advising on progress toward that goal.
- Dr. Alexander Li, Deputy Director, Care Transitions, DHS, presented at the last meeting on a matrix of measurements primarily pertaining to satisfaction, access and similar topics. The IAB then began to discuss how to address a specific issue.
- Mr. Ballesteros suggested reviewing concrete examples of integrated work, specifically people at high risk of HIV and PLWH. How they are identified across Departments and led to the right resources pertains to assessment, staff and training.
- The IAB approved developing pilots for those at high risk and for PLWH. Mr. Ballesteros was tasked to draft plans for the IAB to discuss at the next meeting. Those can then be presented to representatives of the Departments for implementation.
- Mr. Fox added Dr. Mitchell Katz, Director, DHS, also presented. People asked when he ran San Francisco's RWP why PLWH received integrated services including, e.g., housing and nutritional support, but others did not. He would say all should have a model like RWP so he felt Mr. Pérez might present to the IAB on RWP to inform Health Agency work.
- Mr. Pérez stressed appreciating the work needed to ensure three historically disparate systems offer an integrated menu of services, hopefully co-located, that leads to positive outcomes for some of the County's most vulnerable residents.
- This is a closed, County system serving a fraction of PLWH and those at risk, but the pilots can help identify standards, e.g., routine screening is basic. A person diagnosed HIV+ should receive a first appointment that day with a work-up within 72 hours. A person with co-occurring disorders should be able to leverage substance abuse and mental health options to immediately address the complex psychosocial issues of someone just testing HIV+ who may have housing security issues.
- Mr. Ballesteros added, while a fraction of those served by the overall County system, he felt many of those at high risk touch the system at some point, e.g., through DMH. The Health Agency is supposed to help Departments strengthen each other. This offers an opportunity to ask each Department how it supports this DPH goal. Once Departments respond, the IAB can ask to work with the Departments on the pilots and data can be evaluated in, e.g., two years.
- ➡ Mr. Pérez will discuss development of the pilots and pertinent information with Mr. Ballesteros.

10. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee:

- (1) **2015-2016 RWP, CDC and NCC Financial Expenditure Reports - Update:** Mr. Ballesteros reported Dave Young presented on the financial expenditure reports included in this packet. The report will go to the next Commission.
- (2) **2017-2018 Priority- and Allocations-Setting (P-and-A) Framework and Process:** Ms. Enfield reported PP&A reviewed the Framework and Process and made significant revisions to improve work flow. It will also go to the Commission.
- (3) **Comprehensive HIV Plan (CHP) - Update:** Mr. Ballesteros reported the Task Force presented on listening sessions at the last meeting. The PowerPoint was included in the packet.

B. Standards and Best Practices (SBP) Committee:

- (1) HIV Continuum of Care - Prevention:** Dr. Cadden reported SBP was revisiting the Continuum. The current iteration is very thorough, but its complexity makes it difficult to use for operational purposes. It will be retained as the overarching vision while a separate operational Continuum will inform work. The models are being finalized.
- (2) Service Effectiveness Evaluation:** Service effectiveness evaluation was discussed extensively including the work's purpose and nature for the Commission. SBP postponed further discussion until after CHP and Los Angeles Coordinated HIV Needs Assessment (LACHNA) review, but will consider the Veterans Administration report as a possible template.
- (3) Prevention Standards and Special Populations Guidelines:** Ms. Barrit reported the Request For Proposals (RFP) to engage consultants to facilitate Expert Review Panel work has been forwarded to the County requisition system. Some individuals were also recommended and have been alerted that the RFP will be released shortly.

C. Operations Committee:

(1) Membership Management:

- The Co-Chairs worked with Pamela Ogata, DHSP, Ms. Barrit and Ms. McClendon to review information from the Parity, Inclusion and Representation (PIR) survey mandated by the Health Resources and Services Administration (HRSA). Applicants being brought forward will help meet PIR Commission goals.
- Unaffiliated consumers would exceed the White demographic by one person with that day's applicants, but Mr. Stalter was on such a seat and will need to be moved because his agency was about to receive RWP funding. Native American/Alaskan Natives will also exceed the demographic by one person with that day's applicants.
- Current demographics are good, but the remaining half dozen seats must be watched to maintain percentages. The hardest to recruit are Latinos and Asian/Pacific Islanders (A/PI), but one institutional seat applicant is A/PI.
- Ms. Barrit added part of the Commission's responsibility in its partnership with DHSP is to work with Ms. Ogata to write a strong action plan for areas where the Commission is struggling in recruitment as well as demonstrating how the Commission is addressing skills and opportunities for all members to fully engage.

(a) Membership Drive:

- Mr. Stalter noted 16 current vacancies. Four members have resigned and one seat will be vacated due to lack of responsiveness. Vacant seats are: 1 stakeholder, 6 unaffiliated consumers (with 5 applicants that day), 1 provider representative, 9 institutional or Board seats (with 2 applicants that day and 2 next month).
- Mr. Fox noted he was actively seeking to identify a consumer for Board Office 3. Dr. Mills added he had offered several options without success. Mr. Cockrell was surprised Supervisor Sheila Kuehl would not be more responsive as she has been supportive in the past and District 3 has a high proportion of the epidemic.
- Mr. Stalter noted the HRSA Project Officer was being asked to clarify qualifications for the behavioral social scientist and recently incarcerated representatives, e.g., the latter might include people who work with the recently incarcerated. Current members may be able to fill the requirements depending on HRSA's definitions.

(b) Membership Application(s):

- ➔ Motions 3-9 will move forward to the Commission and be placed on the Consent Calendar for approval.
- i) **Derek Murray, City of West Hollywood representative:** Mr. Murray has worked for two years in Social Services at the City with the current representative, David Giugni. Mr. Giugni is resigning.
MOTION 3: Approve Derek Murray to the City of West Hollywood representative seat, as presented (**Passed by Consensus**).
- ii) **Pat Crosby, Representative, Board Office 4:** Ms. Crosby is a former Commission member.
MOTION 4: Approve Pat Crosby, Representative, Board Office 4 seat, as presented (**Passed by Consensus**).
- iii) **Edd Cockrell, Unaffiliated Consumer, At-Large #1:** Mr. Cockrell was being moved from an Alternate to a full seat as Unaffiliated Consumer, At-Large #1. (SPA 1 in the heading and motion was inadvertent.)
MOTION 5: Approve Edd Cockrell, Unaffiliated Consumer, At-Large #1 seat, as revised (**Passed by Consensus**).
- iv) **Jason Brown, Unaffiliated Consumer, SPA 3:**
MOTION 6: Approve Jason Brown, Unaffiliated Consumer, SPA 3 seat, as presented (**Passed by Consensus**).
- v) **Sterling Walker, Unaffiliated Consumer, SPA 4:**
MOTION 7: Approve Sterling Walker, Unaffiliated Consumer, SPA 4 seat, as presented (**Passed by Consensus**).
- vi) **Moroni Cortes, Unaffiliated Consumer, Supervisorial District 2:** Spelling was corrected.
MOTION 8: Approve Moroni Cortes, Unaffiliated Consumer, Supervisorial District 2 seat, as corrected (**Passed by Consensus**).
- vii) **Thomas Puckett, Jr., Unaffiliated Consumer, Supervisorial District 5:**

MOTION 9: Approve Thomas Puckett, Jr., Unaffiliated Consumer, Supervisorial District 5 seat, as presented (*Passed by Consensus*).

(2) Policies and Procedures:

- (a) Policy/Procedure #09.4205: Commission Membership Evaluation and Nomination Process (revised):** Mr. Stalter noted this was approved at the 5/12/2016 Commission meeting with revisions to Item 10, pages 3-4, to ensure consistency with and reference to Policy/Procedure #08.3204, Excused Absences, as noted.

MOTION 10: Approve the revised Policy/Procedure #09.4205: Commission Membership Evaluation and Nomination Process, as presented (*Passed by Consensus*).

(b) Membership Application (revised):

- This was also approved at the 5/12/2016 Commission meeting with several revisions, as noted:
 - ▶ Page 4, highlighted portions under Completing the Application and Transparency and Public Documents clarify collection and use of application information as approved by County Counsel;
 - ▶ Page 5, highlighted portions under Contact Information reflect addition of Job Title and address of both office and where services are provided if different, as recommended by the Commission;
 - ▶ Page 7, highlighted portion under Demographic Information, 6d, clarifies that a volunteer at an agency is considered an unaffiliated consumer, as recommended by the Commission;
 - ▶ Page 9, highlighted portion under Experience/Knowledge, 9a, revises all training references from "HIV" to "HIV/STI," as recommended by the Commission.
- Operations was requesting approval to facilitate application release. The submittal deadline is 6/17/2016.

MOTION 11: Approve the revised Membership Application form, as presented (*Passed by Consensus*).

D. Public Policy Committee:

- Mr. Fox noted the Committee begins its new schedule, the first Monday of the month, on 6/6/2016, 1:00 to 3:00 pm.
- The Committee elected its second Co-Chair, Mr. Watts, and the enhanced membership resulted in a super-quorum.
- Governor Brown has released the May Revise Budget. He continues to express concern about sufficient Medi-Cal funding especially with its expansion to undocumented children and increased expenditures from greater utilization. Public Policy will provide a complete update, including community advocate requests, at the Commission.

(1) Housing/Homelessness Initiatives:

- State Senate President Pro Tempore Kevin de León has proposed using \$2 billion in Mental Health Services Act funding to create new affordable housing stock with co-located mental health and substance abuse services.
- Governor Brown endorsed the proposal in his May Revise Budget while the Assembly proposed a lower amount.
- Mr. Pérez said it appeared resources, if invested, will be distributed either by an area's proportion of the population or by its proportion of the homeless. Los Angeles County has 30% or more of the population, but 40% or more of the homeless. He recommended support for targeting funds by the homeless population percentage.
- Mr. Fox thought details would not be developed until Budget negotiations. Most likely counties will be eligible for a certain amount of funds for which they will need to apply. The County can make suggestions and it will be helpful that Pro Tempore de León and Speaker of the Assembly Anthony Rendon both represent the County.

11. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Donnelly read the letter in the packet regarding the Homeless Count 2016 that was developed by the Caucus with the assistance of Messrs. Ballesteros, Kochems and Watts. The Caucus felt strongly that the Commission should strengthen its voice in advocating for housing, in particular for the 629 PLWH already identified in this snapshot count.
- Ms. Samone-Loreca added affordable housing alone does not address the homeless issue. It is critical to start with the underlying cause(s) for an individual's homelessness, e.g., drug addiction, mental illness, health problems or lack of education and training in everyday life. Many homeless individuals choose not to be in affordable housing.
- More housing alone will not help. People unable to maintain their apartment or room, pay their rent or address their other issues inevitably end up back on the street. For example, youth growing up on the street and in shelters often cannot balance a checkbook. Case management is essential to ensure individual needs to maintain housing are met.
- Most housing options also require being on a waiting list for a year. Most programs require clients to be homeless or in a shelter to qualify, but that requires the client to stay clean, take care of him/herself and get a job while homeless. A person paying \$100 a month to stay on a couch must move to a less stable shelter to qualify for a referral letter.

- Once housed, some programs have a case manager on site, but participation is not required. A client with mental health issues may choose not to do so, but that choice can undermine the ability to maintain housing. Clients referred to mental health services often encounter front line staff not trained to help them wait for their appointment.
- Mr. Pérez noted the "reasonable period of time" referenced in the letter means different things to different people. He recommended including a timeframe. The City and County have made public commitments, but questions remain on how they will be realized over time. There are also dozens of housing authorities in the County.
- The 46,874 2016 figure referenced is a 6% increase from 2015, but he agreed it was likely low. DHSP data suggests the 1.34% of PLWH homeless is also low and would be low even if adjusted for the undiagnosed to 1.5%. The true number may be double and still does not account for those on the verge of homelessness. A coordinated response is needed.
- Mr. Ballesteros noted the Caucus originally wanted a goal of housing all identified PLWH by end of the year, but chose to be less prescriptive. Mr. Pérez said, while noble, that goal would be challenging in light of realities noted by Ms. Samone-Loreca. Consequences of rapid rehousing for those who need intensive case management must be considered.
- DHSP mainly supports Residential Care Facilities for the Chronically Ill (RCFCIs) and Transitional Residential Care Facilities (TRCFs) for those with limited skills and, especially in RCFCIs, those needing assistance with activities of daily living. DHSP was discussing adding a mental health practitioner to each site, but most affordable or independent housing models of care do not include teams trained to address mental illness, case management or vocational skills.
- Of those currently homeless, probably 150 do not want to be housed, 150 cannot wait to be housed and need minimal support, but some 700 will need at least a modest level of additional staff assistance on a permanent basis. It costs approximately \$300,000 per year to create a single affordable housing unit with a ten year commitment.
- He felt it would be helpful to obtain more data on the 629 homeless PLWH identified in the count to frame needs.
- Mr. Watts supported obtaining more data to frame specific needs, but noted best practices are available, e.g., the Veterans Administration (VA) and other providers serving veterans have successfully reduced the number of homeless veterans. Best practices suggest the need for a continuum from rapid rehousing alone to permanent supportive housing according to client needs. "Affordable housing" is often used to refer to the entire continuum.
- Mr. Stalter noted the VA can deploy significant resources. Perhaps more cost effective options could be put in place while more housing is developed. DHSP likely has data on where PLWH homeless are located that could be used to bring supportive services to them, e.g., a mobile van patterned on testing vans might offer mental health referrals. SBP might develop standards for innovative approaches that can be included in Priority- and Allocations-Setting.
- Ms. Enfield suggested reviewing DMH's Full Service Partnership Program which provides inclusive services.
- Mr. Pitkin stressed the importance of maintaining confidentiality for any supportive services. Those who self-disclose issues can be evicted or face future issues with licensure or benefits.
- ➡ Forward letter to the Public Policy Committee for review and recommendations including a continuum from emergency and transitional through permanent housing.
- ➡ Mr. Donnelly will return the issue to the Caucus for further discussion on a timeframe and specific recommendations.
- ➡ Mr. Fox will obtain data from the Los Angeles LGBT Center on its transitional living program which is primarily for LGBT homeless youth. It provides 12- to 18-months of intensive life skills, e.g., managing a checkbook, interviewing for a job.

B. People of Color Caucus: There was no report.

C. Transgender Caucus: Ms. Enfield reported the next Summit was being planned for November 2016: Deconstructing the Umbrella Term Transgender in a Climate of HIV. It will explore transgender individuals accessing programs designed for MSM which raises issues of programs not receiving credit for participants or transgender persons not being counted.

D. Youth Caucus: The Caucus was on hiatus, but Mr. Cockrell and Ms. Granados will be meeting with Ms. Barrit on re-invigorating the group and developing goals and objectives beyond an annual youth panel.

E. Women's Caucus: Ms. Barrit reported the Caucus was reviewing standards pertaining to women and will forward recommendations on prevention to SBP.

12. NEXT STEPS: There were no additional items.

13. ANNOUNCEMENTS: There were no announcements.

14. ADJOURNMENT: The meeting adjourned at 3:20 pm.